

Name  
in  
Full

Norman Boston

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at <sup>Town</sup> Near Andoverstown<sup>County</sup> Caroline

MARYLAND

Date  
of death 1903

Month

6

Day

23

Age

Years

Months

22

Days

Sex

Male

Color or  
Race

Black

Birth-  
place

This County

Married, Single  
or Widowed

Occupation

Name of Wife or  
HusbandFather's  
Name

Nathan Warren Boston

Father's  
Birthplace

This County

Mother's  
Maiden Name

Ida Mary Hopkins

Mother's  
Birthplace

This County

Name of person giving  
In formation

William H. Thomas

How related  
to deceased

Uncle

## CAUSES OF DEATH

Primary

Bilious Fever 179

How long

7 days

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

Think so

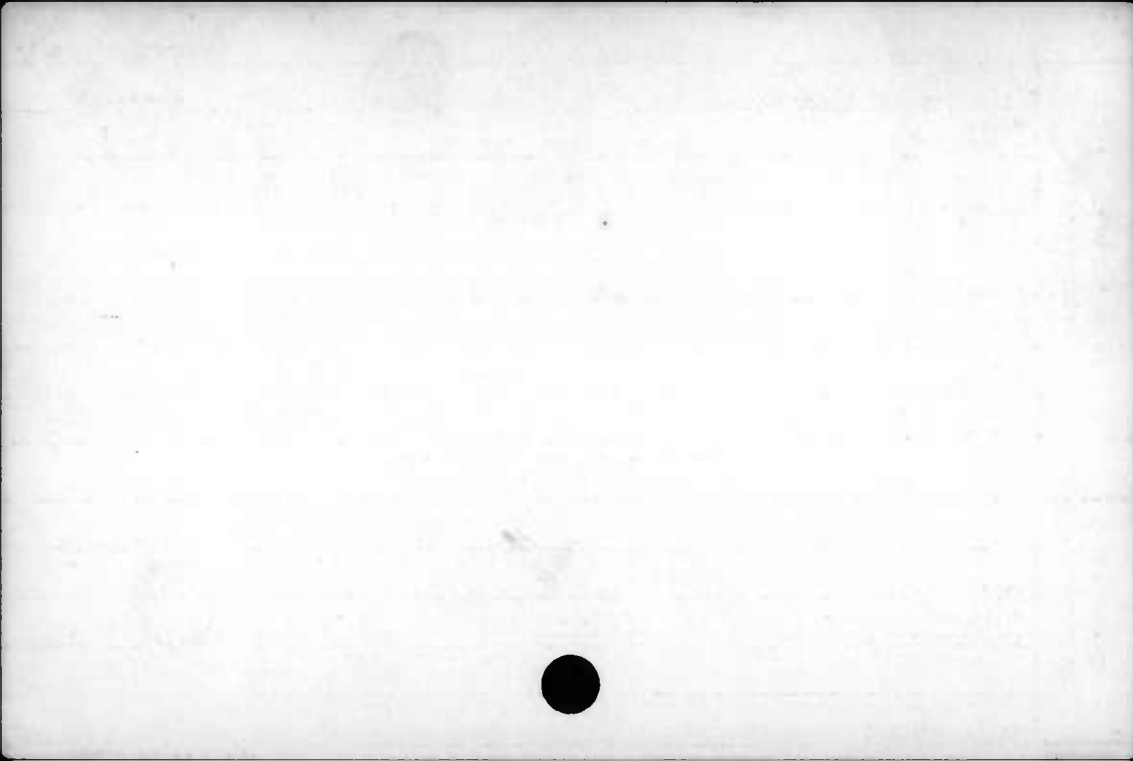
Signature of  
Physician

Address

J. P. Marsh  
Glen  
Maryland

Accident or Suicide?

PHYSICIAN  
OR CORONER



Name in Full *Annie W. Garvey*

Town *Grove P.O.* County *Caroline* MARYLAND

Died at *Grove P.O. Caroline*

Date 19 *03* Month *6* Day *18* Age *49-* Y. *4* M. *9* D. *-* Native of *N. York* Occupation *Lady*

~~Male~~ ☒ White ☐ Married ☐ Widow ☐ Divorced ☐ Female ☐ Colored ☐ Single ☐ Widower Number of children living *One*

Husband of *Samuel H. Garvey*

Wife *Samuel H. Garvey*

Father's Name *Jacob Shufelt* Mother's Maiden Name *Julia A. Cropper*

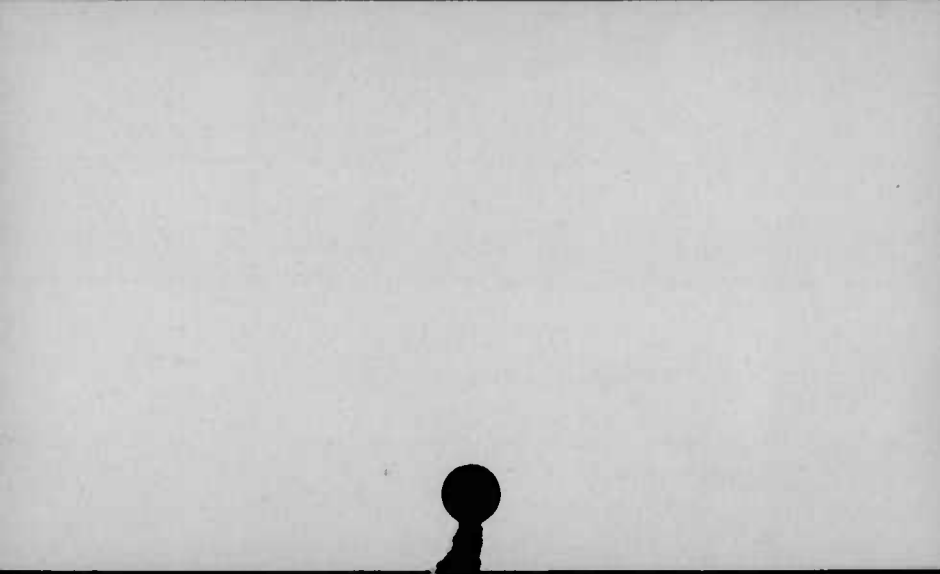
Cause of Death { Primary *Cirrhosis of Liver* How long sick *Two years*

Death { Immediate *Unknown Sudden death 5 days after the 7th tapping* Accident, Suicide, Homicide

Reported by *J. R. Phillips M.D.*

Address *Preston Md.* *112*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full *Edna Ann Johns*  
 Town *near Preston* County *Caroline* MARYLAND  
 Died at *near Preston*  
 Date 19*03* Month *June* Day *30* Y. *55* M. *—* D. *—* Native of *Md* Occupation *Housewife*  
 Male ~~Female~~ ~~White~~ ~~Colored~~ Married ~~Single~~ Widowed ~~Widower~~ Number of children living *13*

Husband of *Aaron Johns*  
 Wife  
 Father's Name  
 Mother's Name  
 Maiden Name

Cause of Death { Primary *Organic Heart Disease* How long sick *1 year*  
 Immediate *Asphyxia from Drowning* Accident, Suicide, Homicide

Reported by *J L Noble M.D.*  
 Address *Preston Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

## CERTIFICATE OF DEATH

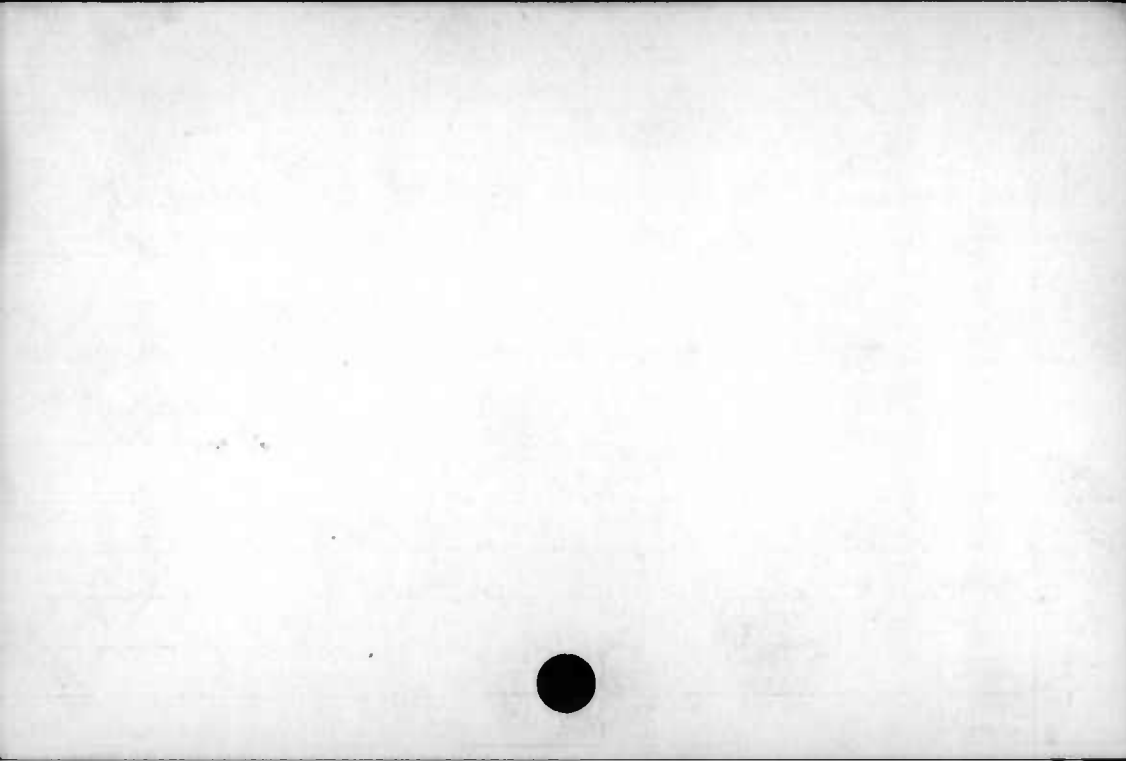
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>near Denton</i> <sup>Town</sup>		<i>Coraline</i> <sup>County</sup>		MARYLAND	
Date of death 190 <i>3</i>	Month <i>June</i>	Day <i>25</i>	Age <i>43</i>	Months <i>4</i>	Days <i>17</i>
Sex <i>Male</i>	Color or Race <i>Colored</i>	Birth-place <i>Coraline Co. Md.</i>			
Married, Single or Widowed <i>Married</i>	Occupation <i>Laborer</i>				
Name of Wife or Husband <i>L. Hutchens</i>					
Father's Name <i>Matthew Johns</i>			Father's Birthplace <i>Coraline Co.</i>		
Mother's Maiden Name <i>Emily</i>			Mother's Birthplace <i>Coraline Co.</i>		
Name of person giving Information <i>John W Hutchens</i>			How related to deceased <i>Brother wife</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Bilious Fever</i>	How long <i>Four weeks</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Robley Hockett, M.D.</i>
	Address <i>Green Anne Md.</i>
Accident or Suicide?	





Name  
in  
Full

Margaret Mills

CERTIFICATE OF DEATH

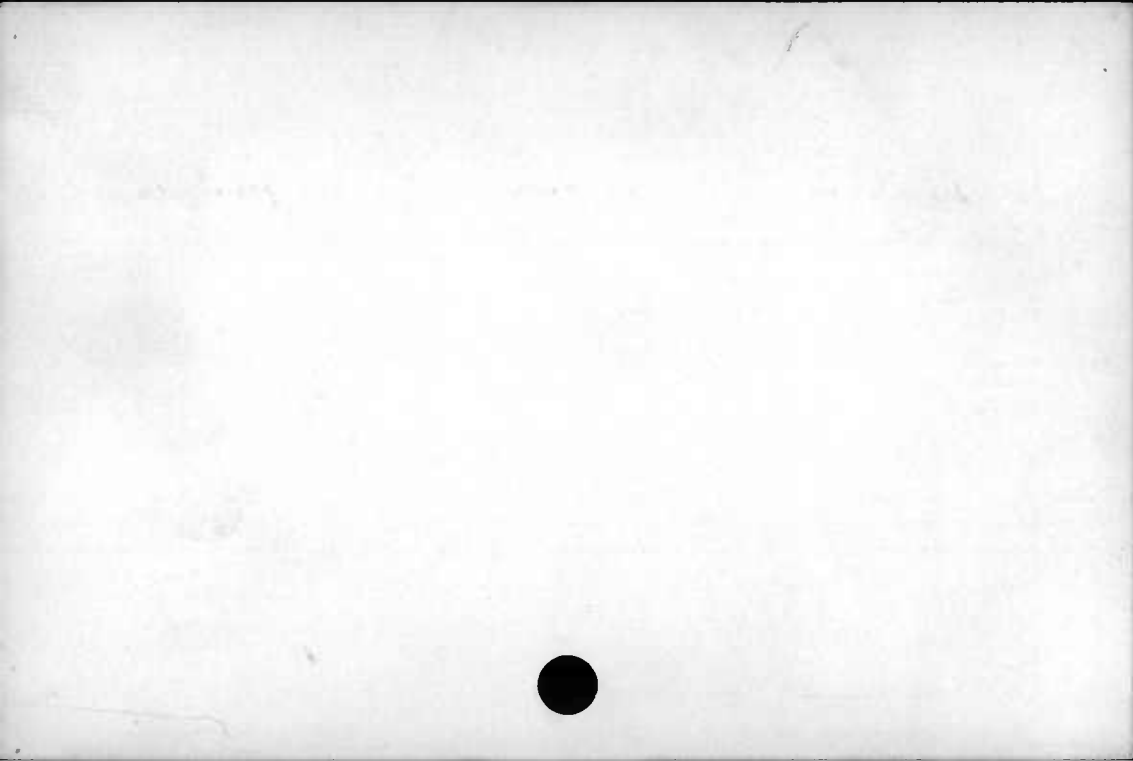
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Denton</u> <sup>Town</sup>		<u>Carroll</u> <sup>County</sup>		MARYLAND	
Date of death 190 <u>3</u>	Month <u>6</u>	Day <u>20</u>	Years <u>45</u>	Months <u>—</u>	Days <u>—</u>
Sex <u>Female</u>	Color or Race <u>white</u>		Birth- place <u>Del</u>		
Married, Single or Widowed <u>Widowed</u>			Occupation <u>—</u>		
Name of Wife or Husband <u>—</u>					
Father's Name <u>—</u>				Father's Birthplace <u>—</u>	
Mother's Maiden Name <u>—</u>				Mother's Birthplace <u>—</u>	
Name of person giving in formation <u>—</u>				How related to deceased <u>—</u>	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Tuberculosis.</u>	How long <u>27</u>
Immediate <u>Congestion</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>J. M. Medels</u>
	Address <u>Denton</u>
Accident or Suicide?	



Name  
in  
Full

Lucy Bruff Richardson

## CERTIFICATE OF DEATH

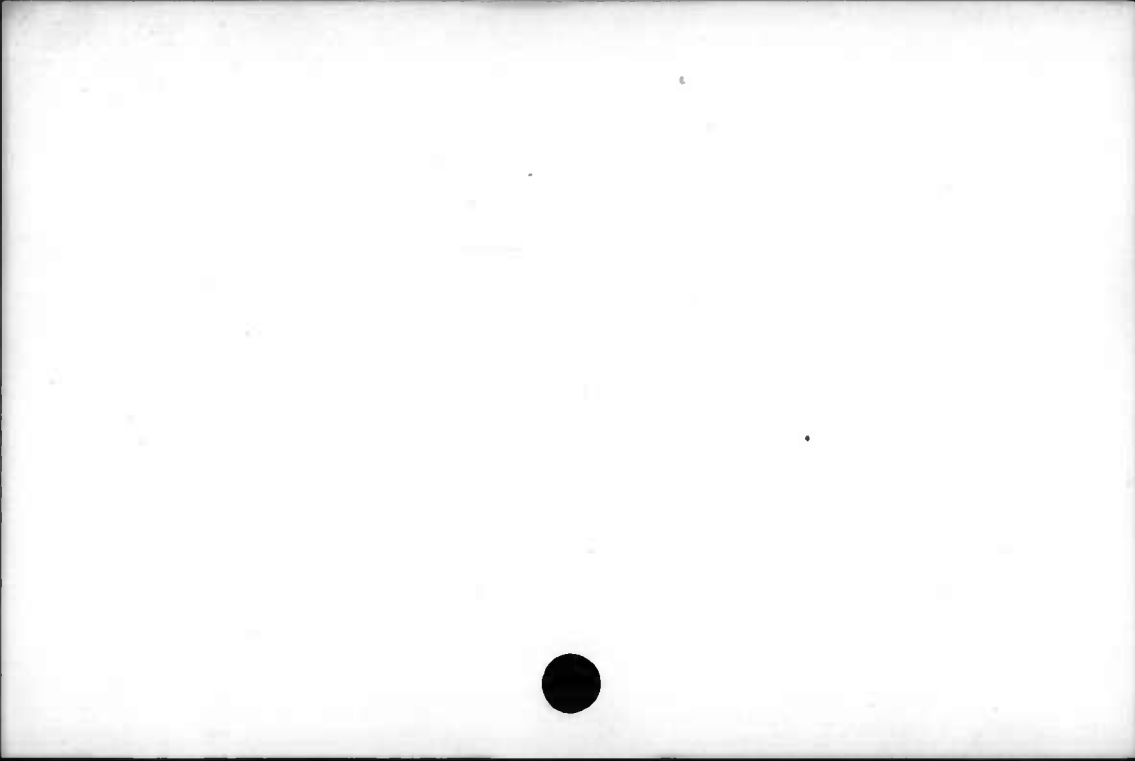
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> <i>Denton</i>		<sup>County</sup> <i>Caroline</i>		MARYLAND	
Date of death <i>1903</i>	Month <i>June</i>	Day <i>23</i>	Age <i>67</i>	Months <i>-</i>	Days <i>-</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Maryland</i>			
Occupation <i>Companion</i>	Where Residing if not at place of death <i>Deak, Md</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>-</i>				
Father's Name <i>Joseph Richardson</i>	Father's Birthplace <i>Maryland</i>				
Mother's Maiden Name <i>Lucy Bruff Richardson</i>	Mother's Birthplace <i>Maryland</i>				
Name of person giving Information <i>Mrs Ida Lewis</i>	How related to deceased <i>Niece</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Spinal Habit.</i>	How long <i>48 Yrs</i>
Immediate <i>Paralysis</i>	How long <i>5 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Crook George</i>
<i>J</i>	Address <i>Deak, Caroline Co</i>
Accident or Suicide? <i>NO</i>	<i>Maryland</i>



Name in Full

Certificate of Death

Martha Spence  
 Died at *Choptank* Town *Caroline* County MARYLAND

Date 1903 Month 6 - Day 6 Y. M. D. Age 85 Native of Occupation Lady

~~Male~~ White ~~Married~~ Widow ~~Divorced~~  
 Female Colored Single Widower Number of children living

~~Husband~~  
 of

Wife 81 Mother's  
 Fether's Maiden Name  
 Name

Cause of { Primary Arterio-sclerosis How long sick - Indefinite  
 10 days.  
 Death { Immediate Anaemic Necrosis of the Myocardium - Possibly  
 Accident, Suicide, Poisoning

Reported by J. R. Phillips M.D.

Address Preston Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Rhoda Spencer

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died <sup>in</sup> <u>Burrsville</u> <sup>Town</sup>		<u>Caroline</u> <sup>County</sup>		MARYLAND	
Date of death 190 <u>3</u>	Month <u>July</u>	Day <u>29</u>	Age <u>24</u> <sup>Years</sup>	Months <u>—</u>	Days <u>—</u>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Flavours</u>		
Married, Single or Widowed <u>single</u>			Occupation <u>Housewife</u>		
Name of Wife or Husband <u>—</u>					
Father's Name <u>Don't know</u>			Father's Birthplace <u>—</u>		
Mother's Maiden Name <u>—</u>			Mother's Birthplace <u>—</u>		
Name of person giving information <u>Thurstonbury</u>			How related to deceased <u>—</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Asphyxiation</u>	How long <u>10 days</u>
Immediate <u>"</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>Thurstonbury</u>
<u>As far as known</u>	Address <u>Burrsville Md</u>
Accident or Suicide? <u>—</u>	

